

Effective October 1, 2003

09/462,435

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

• If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	

12/20/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					(Column 1)	(Column 2)
Total	13	Minus	20	=		
Independent	1	Minus	3	=		

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

08-17-05

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					(Column 1)	(Column 2)
Total	13	Minus	20	=		
Independent	1	Minus	3	=		

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

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AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					(Column 1)	(Column 2)
9-23-05	13	Minus	20	=		
Independent	1	Minus	3	=		

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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